

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	1			151		1	51		1
2		1				1	52		1
3		1				1	53		1
4		1		154	1		54	1	1
5		1				1	55		1
6		1				1	56		1
7		1				1	57		1
8		1				1	58		1
9		1				1	59		1
10		1				1	60		1
11		1				1	61		1
12		1				1	62		1
13		1				1	63		113
14	1					1	64		1
15		1				1	65		1
16		1				1	66		1
17		1				1	67		1
18		1				1	68		1
19		1				1	69		1
20		1				1	70		1
21		1				1	71		1
22		1				1	72		1
23		1				1	73		1
24		1				1	74		1
25		1				1	75	1	1
26		1				1	76		1
27		1				1	77		1
28		1				1	78		128
29		1				1	79		129
30		1				1	80		1
31		1				1	81		1
32		1				1	82		132
33		1		143	1		83		1
34		1				1	84		1
35	1					1	85		1
36		1				1	86	1	1
37		1				1	87		1
38		1				1	88		1
39		1				1	89		1
40		1				1	90		1
41		1				1	91		1
42		1				1	92		1
43		1				1	93		143
44		1				1	94		1
45		1				1	95		1
46		1				1	96		1
47		1				1	97		1
48		1				1	98	1	1
49		1				1	99		1
50		1				200	100		150
TOTAL IND.	←		←		←		TOTAL IND.	←	
TOTAL DEP.	←		←		←		TOTAL DEP.	←	
TOTAL CLAIMS	←		←		←		TOTAL CLAIMS	←	